

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED SOEDIRDJA, HELMI		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 1:06-000024-001		4. DIST. DKT./DEF. NUMBER 1:06-000044-003		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. SOEDIRDJA		8. PAYMENT CATEGORY Felony	
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 22 2778B.F -- REGISTRATION AND LICENSING REQUIREMENTS	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ARRIOLA, JOAQUIN C. 259 MARTYR ST #201 P.O. Box X HAGATNA GU 96932 Telephone Number: (671) 477-9730			13. COURT ORDER X O Appointing Counsel F Subs For Federal Defender P Subs For Panel Attorney C Co-Counsel R Subs For Retained Attorney Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ X Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or Other (See Instructions) <u>Leilani R. Toves Hernandez</u> 10/24/2006 <u>09/29/2006</u> Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES X NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) ARRIOLA COWAN AND ARRIOLA 259 MARTYR ST SUITE 201 HAGATNA GU 96910					
CATEGORIES (Attach itemization of services with dates)			TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
In Court	15. a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$ 92.00) TOTALS:					
Out of Court	16. a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and Other work (Specify on additional sheets)				
(Rate per hour = \$ 92.00) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION 01
22. CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR / CERT		28a. JUDGE / MAG. JUDGE CODE	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE		28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED		34a. JUDGE CODE	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE		34a. JUDGE CODE